

**Minutes of the State Board of Health  
November 10, 2004**

The Washington State Board of Health (SBOH) met at the Red Lion Hotel Kelso/Longview in Kelso, Washington. Chair Tom Locke called the public meeting to order at 9:07 a.m. and addressed the attendees with the following statement:

“This is a public meeting of the State Board of Health held under provisions of RCW 43.20. Notice of the meeting was provided in accordance with provisions of RCW 34.05, the Administrative Procedures Act. Those members having any conflict of interest on any item coming before the Board will report that conflict with respect to the particular subject under consideration. In case of challenge of any Board members by the public, the Board shall decide the status of the challenged members to participate before considering the substance of the matter.

Copies of all materials supplied to the Board for today’s meeting have been available since close of business last Friday from the Board’s Olympia office and on the Board’s Web site at [www.sboh.wa.gov](http://www.sboh.wa.gov). They are also available today, along with anything else we have received since, at the table in the back of the room. To conserve public funds, we have only made as many copies as we feel will be needed, so we may run out of particularly popular items. If you do not find a document you need, please ask Executive Assistant Desiree Robinson or another Board staff person for one.

Our meeting today is open to the public, so please feel free to listen in on informal discussions involving Board members or staff, including any that may occur during breaks or lunch.”

**SBOH members present:**

Thomas H. Locke, MD, MPH, Chair  
Charles Chu, DPM  
Ed Gray, MD  
Frankie Manning, MN, RN  
Carl Osaki, RS, MSPH

Mary Selecky  
Mel Tonasket  
The Honorable David Crump, PhD  
Keith Higman

**SBOH members absent:**

The Honorable Carolyn Edmonds

**State Board of Health Staff present:**

Craig McLaughlin, Executive Director  
Tara Wolff, Health Policy Advisor  
Candi Wines, Health Policy Advisor

Desiree Robinson, Executive Assistant  
Bobbi Berry, Assistant to the Board  
Melissa Burke-Cain, Counsel

**Guests and Other Participants:**

Sofia Aragon, Department of Health  
Jana Bardi, Department of Health  
Denise Clifford, Department of Health  
Mark Cooper, Citizen  
Maria Courogen, Department of Health  
Ron English, Seattle Public Schools  
Mimi Fields, Cowlitz County Health Department  
Steven Gilbert, Institute of Neurotoxicology & Neurological Disorders  
Hilary Gillette, Cowlitz County Health Department  
Sue Grinnell, Director, Cowlitz County Health Department  
Maryanne Guichard, Department of Health  
Jo Hoffman, MD, Department of Health  
Shana Johnny, Department of Health

Odele La Lemond, Citizen  
Maria Nardelle, Department of Health  
Riley Peters, Department of Health  
George Raiter, Cowlitz County Board of Health  
David Riggs, Wahkiakum County Health & Human Services  
Bill Robertson, WA Poison Center  
Beatriz Rush, Cowlitz County Health Department  
Richard Siffert, Department of Health  
Thelma Simon, Citizen  
Mark Soltman, Department of Health  
Jovi Swanson, Department of Health  
Jennifer Tebaldi, Department of Health  
Leslie Thorpe, Department of Health  
Chris Townley, Department of Health  
Sarah Westervelt, Citizen

**APPROVAL OF AGENDA**

***Motion: Approve November 10, 2004 agenda***

***Motion/Second: Crump/Osaki***

***Approved unanimously***

Chair Locke introduced Board Member Keith Higman, the new consumer representative. He serves as the Environmental Health Director for Island County.

### **ADOPTION OF SEPTEMBER 8, 2004 MEETING MINUTES**

*Motion: Approve the September 8, 2004 minutes*

*Motion/Second: Osaki/Manning*

*Approved unanimously*

### **ADOPTION OF OCTOBER 6, 2004 MEETING MINUTES**

*Motion: Approve the October 6, 2004 minutes*

*Motion/Second: Osaki/Manning*

*Approved unanimously*

### **WELCOME – COWLITZ COUNTY**

George Raiter, Chair, Cowlitz County Board of Commissioners welcomed the Board to Cowlitz County and provided a brief history of the county. Board Member David Crump asked follow up questions about the county economy, its demographics, including the size of its Native American population, and about significant issues faced by the local Board of Health. Cowlitz County relies heavily on natural resources and manufacturing. Raiter noted that fiscal challenges are an issue and many county agencies have faced budget cuts. Health and safety are priorities for the government, but health programs that are not mandated face the most significant cuts. The most significant health issues in Cowlitz county are preventable, such as obesity, smoking, teen pregnancies. Sue Grinnell, Director, Cowlitz County Health Department, said the Native American population is approximately 6,000 and a health clinic specifically intended to serve the Native American population recently opened. Secretary Mary Selecky discussed the priorities of government processes and compared the state perspective with the county-level perspective. Mr. Raiter described differences in the way the state and county are able to make decisions about budget priorities.

### **DISCUSSION OF LOCAL ISSUES**

Sue Grinnell, Director, Cowlitz County Health Department, gave a slide presentation entitled “MAPP (Mobilizing Action through Planning and Partnerships): A Community Health Improvement Process” that talked about building community health partnerships (see presentation).

Mimi Fields, Cowlitz County Health Officer, noted that the community is becoming more involved in health issues. Two large sets of issues affect public health. The first is behavior-related health problems such as smoking. The second is a focus on improving education and income potential. Another element that affects health is the constant pressure on the government’s budget and the government’s ability to maintain routine programs while reacting to emerging issues.

Board Member Carl Osaki commended Ms. Grinnell on her efforts to implement the MAPP structure. He noted that the Board’s Community Environmental Health Assessment (CEHA) report recommends that environmental health indicators be included in community health assessments. He asked how Cowlitz has been able to assess environmental health issues. Ms. Grinnell responded that there seems to be a community concern over air and water quality but collecting data has been challenging. Mr. Osaki suggested Cowlitz look at how Island County uses CEHA and how they collect data. Board members requested and received more information about survey methodology, county demographics, the role of community groups and community leaders, the resources required to do this work, and mental health issues in the community. Secretary Selecky recommended that the Board hear from the Public Health Improvement Partnership at a future meeting.

### **DEPARTMENT OF HEALTH UPDATE**

Secretary Selecky distributed an opinion article from *The Olympian* complimenting the Health Department’s antismoking efforts. She reminded the Board about the tobacco settlement and other sources of funds for the antismoking programs. The current level of funds will carry the program through 2009, she said, but the settlement money will eventually run out and the major source of funds will become revenue from tobacco taxes. She discussed the priorities of government process, which continues to work on developing priorities for the 2005-07 biennium. The outlook for funding access to health care is poor as the government is facing a budget shortfall of more than \$1 billion. The Governor’s budget is due Dec. 20. She discussed the process for creating the Governor’s transition plan and her agency’s involvement in creating documents on DOH activities. The Board is also represented in the transition materials. She noted that Cabinet members serve at the pleasure of the governor and it is possible that a new governor will announce a new Cabinet.

### **SBOH ANNOUNCEMENTS & OTHER BOARD BUSINESS**

Chair Locke announced the selection of Craig McLaughlin as the Board’s Executive Director. Mr. McLaughlin acknowledged the staff for its professionalism during the hiring process. He invited

input from the Board members regarding their goals and objectives. Mr. McLaughlin referred to materials behind Tab 7. He introduced Bobbi Berry, assistant to the Board, and announced plans to fill staff positions. He reminded the Board that the December meeting will be held on Dec. 15 in conjunction with the Health Policy Analysis Program Legislative Conference. On the evening of Dec. 14, the Board will hold a working retreat. The December and January Board meetings will focus on planning for the legislative session. The onsite septic and HIV/AIDS rules hearings have been postponed until March 2005. He mentioned that two recent visits with local board of health, one with Lincoln County and one with the Chelan-Douglas Health District.

The Board took a break at 10:50 a.m. and reconvened 11:05 a.m.

### **SELECTION OF VICE CHAIR**

Chair Locke described the duties of Vice Chair and asked for nominations. Board Member David Crump nominated Mr. Osaki. Secretary Selecky seconded the nomination and he was elected unanimously.

### **DISCUSSION OF INFLUENZA AND OTHER VACCINE SHORTAGES**

Tara Wolff, SBOH Staff, introduced the topic, directed Board members to Tab 9 in the meeting packet, and described the materials for today's discussion. Ms. Wolff then introduced the speakers, Secretary Selecky, Chair Locke, Jana Bardi, DOH Immunization Program Director, and Dr. Fields.

Secretary Selecky spoke about the recent flu vaccine shortage. She provided examples of how local clinics and providers are communicating with the public about vaccine availability and who has priority to receive it. Plans to address the shortage are being developed in phases. The Association of State and Territorial Health Officers, the National Association of City and County Health Officers, the Council of State and Territorial Epidemiologists, and Association of Public Health Laboratories meet twice a week with the Centers for Disease Control and Prevention (CDC) to develop distribution policy and processes. DOH typically receives and distributes flu vaccines for children but not for adults. On Nov. 9, a plan to distribute 1.7 million doses of adult flu vaccine across the nation was discussed. The CDC will divide these doses between state health departments for distribution within their states. Secretary Selecky mentioned that there are commercial trips people can take to Canada to receive the flu vaccine. Canadian provinces have different policies on whether or not they will give the vaccine to U.S. citizens. Some Canadian health officials have asked that U.S. citizens not come to Canada because Canada also has a limited supply of vaccine.

Ms. Bardi referred the Board members to the handouts in the meeting packet. DOH ordered 200,000 doses for children, she said, 70,000 of which it ordered from Chiron, which was not able to fill the orders. It ordered the remaining doses from Aventis. DOH is distributing available doses to counties based on birth data. Shipments continue to arrive. The Washington Vaccine Advisory Committee (VAC) met and developed guidance on implementing the CDC guidelines. DOH continues to receive inquiries about vaccines, but not as many as it did throughout November. Chair Locke asked why shipments of the pediatric dose have been slow. Ms. Bardi said the manufacturer reported that the shipments have been slow because of production, but all the doses ordered will be delivered.

Board Member Ed Gray reported that his county's health district did not receive any flu vaccine. Private clinics and providers have been able to fill the gap and vaccinate individuals who meet CDC criteria. The health department usually provides vaccine to health care workers/nursing home personnel. He noted that in previous years, many doses have gone unused and he recommends that public health find ways to deliver all of the doses that are made. Dr. Gray noted that death certificates do not generally reflect flu as a cause of death.

Dr. Fields said the shortage is a test for counties to react to an unanticipated emergent public health issue. Success depends on relationships with the private sector. It is also a test of public health's responsibility to react to known public health risks. In Cowlitz County, there have been four elements to the response: 1) having an epidemiologist or an assessment person on staff is very important; 2) it has been an opportunity to look at how aggressively to use the authority given to local health officers; 3) there is always a role for prevention and education campaigns; and 4) the health department set up an incident command system to establish who is responsible for what and what kind of communications will take place, who has what authority and who is accountable. The challenges at the national level have included the lack of a national immunization policy, too little preparation for a known annual epidemic; a lag in approving the vaccine available in Canada; and an insistence on secrecy and protection of proprietary information. She also discussed challenges at the state level.

Mr. Osaki asked about the use of antivirals, particularly whether there is a possibility that the supply of antivirals is inadequate. Secretary Selecky responded that CDC has released information about how antivirals would be acquired from the national stockpile and announced that the production of antivirals has been increased. However, if every state wanted antivirals from the stockpile, there may not be enough to supply the demand.

Chair Locke relayed the experience of Clallam, Jefferson, and Kitsap Counties. He noted that they were able to get information from providers very quickly about their needs. Efforts have focused on campaigns to raise awareness about infection control measures. He noted that if these efforts are successful, they could reduce not only flu cases, but also other respiratory conditions. Clallam County plans to implement strict restrictions on health care workers who are sick. Clallam and Jefferson County are discussing mandatory vaccination of health care workers. Many vulnerable people cannot receive vaccinations and there need to be ways of protecting them as well.

Secretary Selecky asked Dr. Jo Hoffman, Department of Health, State Epidemiologist, to give the Board an update on flu surveillance. Dr. Hoffman stated a few cases have been reported throughout Europe, Canada and the United States to date. The first case in Washington was confirmed last week. A nursing home recently reported an outbreak. It is difficult to predict what this level of activity means for the rest of the season.

Mr. Osaki asked if it is possible to assess the potential for a global flu pandemic, and how we might protect first responders such as EMTs. Dr. Hoffman replied that even in typical years, the population could not rely on a vaccine to protect it during a pandemic. If a pandemic were to emerge, the priorities for vaccination might be different.

Board Member Charles Chu asked if there was a connection between international vaccine makers and those in the United States and whether information and resources are being shared. Dr. Hofmann replied that information is shared internationally, but the CDC makes decisions about the U.S. vaccine production with respect to what strain it will be designed to work against. Travelers can introduce other strains.

Board Member Mel Tonasket inquired about what the Board can do to address this issue. Chair Locke responded that there are larger issues around vaccine production and supply; for example, eight of the eleven childhood vaccines have experienced shortages in recent years. The Board's primary statutory focus is on the list of required vaccines for school entry and a group is actively working to revise this list. If vaccine production and distribution is not reliably, the Board's regulations are undermined. Outside of this policymaking role, the Board can use its position to promote changes in the system. Mr. Tonasket asked if the state could do anything better or do more to assist local programs. Secretary Selecky noted the different roles of the Board and the Department of Health. She described planned and upcoming activities at the state level. Dr. Fields recommended that the Board use its voice to influence the Governor and others with respect to policy decisions that are outside of the Board's statutory scope. Board Member Frankie Manning agreed that the Board should identify something that it can do. She asked if there was potential for the Board to pass a resolution influencing some of these things.

Board Member David Crump noted that the local paper's headline today was about the flu vaccine shortage. He stated that this crisis is an opportunity for the Board to move the message forward on the bigger picture such as reducing the number of flu cases and other respiratory illnesses. Secretary Selecky recommended that Board members and others read the Institute of Medicine report in the meeting packet.

Chair Locke summed up the purpose of today's discussion and asked the Board to think about what its opportunities and options are. He suggested that the greatest effect might come during the debriefing after the flu season where we can discuss what we learned and what we can change.

Board Member David Crump suggested that the time for action is now as well as after the fact; he expressed that there is a role for the Board in both places. He asked if Craig McLaughlin could draft something for discussion at the December meeting.

Board Member Carl Osaki asked the Board to take time to think about how it can address the big picture, to plan its message strategically, and to be clear about who the target audience might be. Board Member Frankie Manning stated that it is important to get the message out as soon as possible and to as many audiences as possible.

Chair Locke closed the discussion by noting that vaccines are one of the most important and effective tools for public health, but he also said public health is still in the early stages of reacting to the crisis and the Board could be more effective if it weighed in later.

## **LUNCH**

The Board recessed for lunch at 12:30 p.m. and reconvened at 1:40 p.m.

## **CHAPTER 246-101 WAC, NOTIFIABLE CONDITIONS CR102 HEARING**

Candi Wines, SBOH Policy Advisor, introduced Jennifer Tebaldi, policy manager for the DOH Epidemiology, Surveillance and Public Health Laboratories Division, who briefly explained the proposed rule changes and the recommendation that seven of the eight provisionally notifiable conditions be added to the permanent list (Chapter 246-101 WAC), with group A streptococcus being the one exception. (For more detail, refer to *Report on Provisionally Notifiable Conditions* behind Tab 10.) Ms. Tebaldi also said DOH has recommended that the emergency rule on arboviral disease become permanent and the hepatitis B and hepatitis C reporting requirements be extended to laboratories. Finally, Ms. Tebaldi reviewed stakeholder comments regarding notifiable conditions (see Tab 10 for a summary of these stakeholder comments and DOH recommendations).

Mr. Crump question why autism was included in the list and asked DOH to comment on the difference between autism and pervasive developmental disorders (PDD). Riley Peterson, Department of Health, indicated that autism was included due to an increase in prevalence and the evidence that a child's functionality could be improved if it was diagnosed early. Board Member Manning asked how duplicative counts were avoided. Dr. Hoffman, Department of Health, explained the process used to avoid duplication. Mr. Osaki asked about the rates of compliance from laboratories and providers. Dr. Hoffman admitted that noncompliance can be a problem. She said compliance tended to be better with laboratories than with providers. Provider compliance can be improved by developing relationships with them. Mr. Crump asked what the rationale was for this rule. Ms. Tebaldi directed the Board's attention to the report in the Board packets. Chair Locke indicated that the criteria for inclusion as a notifiable condition was not as clear as we would all like them to be and that he was open to adding criteria to the rule if the Board chose to do so.

***Motion: The Board adopts the revised Chapter 246-101 as published in WSR 04-20-067 with the following amendments: change the language associated with laboratory reporting of hepatitis B and hepatitis C so that it does not require that laboratories indicate whether an infection is acute or chronic.***

***Motion/Second: Osaki/Manning***

***Approved by seven votes in favor to one vote opposed, one member was absent for the vote.***

## **REVIEW OF ANNUAL REPORT DRAFT TEXT**

Mr. McLaughlin directed the Board's attention to the annual report draft language behind Tab 11. He asked for review and comment and said the Board would have a chance to approve the report formally in December. Mr. Higman asked about the target audience. Mr. McLaughlin discussed several potential audiences and explained how the report is typically used. Chair Locke commented that the report should be as brief as possible.

## **PROPOSED 2005 WSBOH MEETING SCHEDULE**

Mr. McLaughlin directed the Board's attention to the proposed 2005 Board Meeting Schedule behind Tab 12. Mr. Osaki noted that this plan could be modified. Mr. Tonasket requested that the Board schedule a meeting on or near the Colville Reservation during his term on the Board. Mr. McLaughlin asked Board members to keep the days of tentative meetings open.

***Motion: The Board adopts the proposed 2005 Meeting Schedule***

***Motion/Second: Crump/Osaki***

***Approved unanimously***

## **DOH REQUEST TO DELEGATE CHAPTER 246-290 WAC SECTIONS TO FACILITATE IMPLEMENTATION OF MUNICIPAL WATER LAW, SESSHB 1338**

Mr. Osaki introduced Denise Clifford, director of the DOH Office of Drinking Water, and asked her to explain the request to delegate. Ms. Clifford directed the Board's attention to Tables 1 and 2 behind Tab 13, which described the anticipated changes. She discussed DOH's reasons for requesting delegation (see presentation). The changes would be to comply with the Municipal Water Law and to make other minor technical and editorial changes. Mr. Osaki explained that he feels this request meets the Board's delegation criteria. He indicated that although there is some controversy

around municipal water law, there is not likely to be any about these specific changes. Mr. Crump asked about the duration of the delegated authority. Ms. Clifford indicated that this would be a one-time delegation for the specific purposes proposed. Mr. Osaki indicated that he would bring this issue back to the Board if the delegated authority were compromised in any way. Mr. Tonasket expressed some concerns about the Municipal Water Law and requested regular reports back to the Board. Mr. Osaki assured him that these would occur.

***Motion: The Board delegates to the Department of Health authority to amend chapter 246-290 WAC for the sole purpose of implementing the Municipal Water Law and making other minor and technical amendments as described in the Office of Drinking Water document titled “Request for Delegation of Rulemaking.”***

***Motion/Second: Osaki/Higman***

***Approved unanimously***

### **UPDATE ON SCHOOL ENVIRONMENTAL HEALTH RULE REVISION**

Mr. Osaki explained he had asked for a briefing on where the Board and DOH are on the school environmental health rule revision. He then introduced Maryanne Guichard, director of the DOH Office of Environmental Health and Safety. Ms. Wines directed the Board members to the materials behind Tab 10. Ms. Guichard then spoke to the history of this rule review. She mentioned the goals established for this rule review, described the status and composition of the advisory committee, and discussed the proposed timeline. (See the materials for more information.)

### **BRIEFING ON LEAD AND OTHER CONTAMINANTS IN SCHOOL DRINKING WATER**

Chair Locke introduced the item. Ms. Wines described the materials behind Tab 15 in the board packets and introduced the panel. Ms. Clifford provided an overview of how water systems are regulated (see presentation).

Steve Gilbert, director of the Institute of Neurotoxicology and Neurological Disorders, gave a demonstration about toxicology and dose response. He said children absorb a lot more lead than adults do, especially if they have a calcium-deficient diet. He then discussed research about the impacts on children of low-level lead exposure (see presentation).

William Robertson, medical director of the Washington Poison Center, discussed his experience as a physician in areas where acute lead poisoning was common before lead was removed from paint and gasoline. He noted that there have been no recent cases of acute lead poisoning in Washington, and across the state blood lead levels (BLL) have decreased dramatically. One microgram per deciliter is approximately the average BLL in Washington. He said the level of lead in drinking water should not be a concern unless you can show levels of absorption. He also noted that the prevalence of attention deficit syndrome has not decreased as blood levels have dropped. He said the Board can attend to this, but he did not recommend that it rush and make this a top priority.

Mark Cooper, the father of a Seattle Public Schools student and an associate professor of biology, read a prepared statement. He said hundreds of thousands of children have been exposed needlessly to dangerous levels of lead because the Board had not adopted the Lead Contamination Control Act. He discussed the biochemistry of lead toxicity. Lead can be dangerous at very low levels, he said. (See prepared remarks.)

Ron English, Deputy General Counsel for Seattle Public Schools, presented Board members with a binder of information. He encouraged Board members to read the cover letter. He then gave a presentation on the Seattle Public Schools water programs and recommended that the Board provide comprehensive voluntary guidelines to schools. (See presentation for more information.)

Mr. Tonasket said he heard the school’s response but was concerned to see the water presented by Mr. Cooper from his daughter’s kindergarten class. He asked why schools would not be required to monitor and report. Secretary Selecky mentioned the Governor’s request that the Board consider this issue as part of its review of school environmental health rules. Mr. Osaki asked how much water children drink during the school day and wondered if students might drink less because of fears about water quality. Mr. Locke asked about blood lead levels. Mr. Cooper said Seattle schoolchildren have not been tested extensively. Mr. Cooper said typical consumption would be about 300 ml per day. Mr. English said in one school where the district provided bottled water, the average daily consumption was approximately 900 ml. Dr. Locke said the Board has some specific burdens that it needs to meet. He noted that the regulatory process is designed to be deliberative, and it can be slow and cumbersome. It is something we resort to when other, faster response systems fail

or when we determine there is a systemic problem. He asked whether the Board felt it needed to do something in addition to the established rule making process. In response to a question from Mr. Osaki, Secretary Selecky discussed state financing for school testing. She said the Governor did not want the cost of testing to prohibit schools from testing. Mr. Tonasket said the Board has a public health responsibility and this is not simply a matter of school district responsibility or authority. Chair Locke said this is new terrain for rule making. He expressed concerns about putting scarce resources into unknown threats when we are underfunding many known threats to public health. He said the same problems would probably be found in households, and said we need to know more about how much of a threat exists to children.

### **PUBLIC TESTIMONY**

Sarah Westervilt, mother of two children in the Seattle School District, requested that the Board create protective standards for school's drinking water in the state, and set up oversight regulations for all schools in the state. Responsibility for removing toxins from the water should not be left up to the schools. She said it is important to understand that schools were exempted from lead protection by a lawsuit. Voluntary restrictions, she said, do not work. She asked the Board to take over jurisdiction for school drinking water. She said children are being permanently damaged because of exposures from water contaminants.

Odele La Lemond told the story of her daughter, a student in a classroom with very high lead levels. Her daughter started to lose her vocabulary and her memory. At one point, she could not remember where her bedroom was after returning from a trip. Other symptoms included extreme fatigue, daily headaches, bellyaches, dizziness, sharp pains in her extremities, loss of balance. Then she started to digress mentally. She has improved since she stopped drinking the water, although she does not have the potential she once did. She said parents have fought hard for many of the components in the Seattle Public Schools remediation program, and voluntary programs do not work.

Thelma Simon, a former parent from the Cle Elum schools, thanked the Board for setting up the school environmental health rule review. She said Cle Elum had not applied for funds that were available to address health issues. She said she is still concerned that her school was built to create health problems, and that it is important to do something about school construction issues.

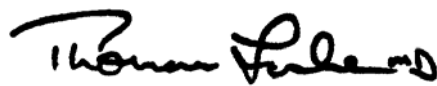
Chair Locke said the Board takes the health of children to be the highest priority.

Ms. Manning mentioned that this is the eve of Veterans Day and wanted to acknowledge all veterans and the children of veterans. She urged everyone to celebrate and say thank you to someone who is a veteran.

### **ADJOURNMENT**

Chair Locke adjourned the meeting at 5:18 p.m.

**WASHINGTON STATE BOARD OF HEALTH**



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Tom Locke, Chair